

STATE OF CONNECTICUT INSURANCE DEPARTMENT

Non-Resident Corporation Reinsurance Intermediary POWER OF ATTORNEY

Page 1 of 2

KNOW ALL MEN BY THESE PRESENTS:

inat the	(Name of Co	orporation)	, a
Corporation organized under the laws of		and with its principal place	of business at
	(State)		
(Street & Number) desiring to transact the business of a Reinsuran hereby make, constitute and appoint the Insuran attorney in and for the State of Connecticut, on	nce Commissioner	of said State or their successor in of of law, whether mesne or final, again	fice, his/her true and lawful
action or proceeding against said Corporation is laws of the State of Connecticut now in force, a attorney is hereby duly authorized and empower cases as provided by the laws of the State of Coshall be of the same legal force and validity as reason of such service. This appointment shall an Intermediary and until the Statute of Limitation its having done business under said license. IN WITNESS WHEREOF, The said Corpomatory day of day of, 20 (a cost seal and caused the same to be subscribed and a seal and caused the same to be subscribed	and other such laws ered, as the agent of connecticut, and such if served on said Cocontinue in force so as has run against an oration, in accordance retified copy of w	ecticut, subject to and in accordance as may hereafter be enacted in relact as may hereafter be enacted in relact and Corporation, to receive and act as service shall be deemed personal subproporation; and said Corporation here olong as the said Corporation remainly and all claims that may exist again the with a resolution of its Board hich is hereto attached) has to the	tion thereto. And the said reept service of process in all service on said Corporation, and reby waives all claims of error b ns a licensed Reinsurance inst said Corporation because of of Directors duly passed on these presents affixed its corporate
Signature of President	L.S.		
Name of Person Signing			
Signature of Secretary	L.S.		
Name of Person Signing			

STATE OF CONNECTICUT INSURANCE DEPARTMENT

Non-Resident Corporation Reinsurance Intermediary

POWER OF ATTORNEY

Page 2 of 2

	Certified copy of a	Resolution duly pass	sed by the board of Dire	ectors of the		
				on the	day of	, 20
	(I	Name of Corporation	1)			
	At a meeting of the	Board of Directors of	of the			
	8			(Name	of Corporation)	
held on the	day of	, 20,	a quorum being presen	t, the following	resolution was passed	by said Board
successor in o final, against s to and in acco be enacted in a receive and ac deemed persor said Corporati said Corporati that may exist	n conformity with the lastifice, its true and lawfusaid Corporation may be relation thereto. And the copt services of process all service on said Corpion hereby waives all claim remains a licensed of against them because of	aws thereof, hereby a l attorney in and for e served in any action visions of the laws of ne said attorney is her s in all cases as provi- poration, and shall be aims of error by reas Reinsurance Intermed of its having done but and Secretary are her- nority or Power of At	the State of Connecticum or proceeding against the State of Connecticum or proceeding against the State of Connecticum of the State of the laws of the expectation of such service. This diary and until the State siness under said license the said Insurant I hereby certify that the Resolution of the said Insurant I hereby certify that	Commissioner of at, on whom all p said Corporatio at now in force, and empowered, a State of Connecte and validity as a sappointment shate of Limitations e. The above is a tree Directors of sa	the State of Connection occass of law, whether in the State of Connection and other such laws as the agent of said Conticut, and such service if served on said Corphall continue in force is has run against any and of the Corporation, and	cut, or their er mesne or ecticut, subjects may hereafter rporation, to shall be coration, and so long as the and all claims d under its ith this frizing
						_L.S.
				Secretary	<i>I</i>	
STATE OF _						
COUNTY OI	F	SS:				
for the State o	On this day	duly appointed to tal	ke acknowledgement of	Deeds and othe	Commissioner of the Ser instruments, persona	ally appeared
the				(who	are personally known	to me)
and severally and second secon	(l acknowledged the exec ays, that they are respec of said Corporation and trument by the authority	Name of Corporation ution of the foregoin ctively the officers of d that the said corpor	n) g instrument by them s f the Corporation afores rate seal and the signatu	ubscribed; and b	eing duly sworn, each seal affixed to said ins	for themselve
			Notary Public/Co	mmissioner of th	ne Superior Court	
			My Commission 1		- Lupuisi Court	